

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028 Expires 9-30-88
GSA No. 0246-EPA-01United States Environmental Protection Agency
Washington, DC 20460

Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C

C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)

C

T/A C

F

1

8 6 0 2 2 4

I. Name of Installation

P H I L I P A H U N T C H E M I C A L C O R P .

II. Installation Mailing Address

Street or P.O. Box

C

3

O N E W E L L I N G T O N R O A D

City or Town

State

ZIP Code

C

4

L I N C O L N

R I

0 2 8 6 5

III. Location of Installation

Street or Route Number

C

5

City or Town

State

ZIP Code

C

6

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C

2

T H E R R I E N A (P L T . M G R .) 4 0 1 3 3 3 6 1 1 4

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C

R

O L I N C O R P O R A T I O N

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

☒

1a. Generator

☐ 1b. Less than 1,000 kg/mo.☐

2. Transporter

☐

3. Treater/Storer/Disposer

☐

4. Underground Injection

☒5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)☐ a. Generator Marketing to Burner☐ b. Other Marketer☒ c. Burner☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)☐ a. Generator Marketing to Burner☐ b. Other Marketer☐ c. Burner☐ 7. Specification Used Oil Fuel Marketer
(Or On-Site Burner) Who First Claims
the Oil Meets the Specification.

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☒ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐

A. Air

☐

B. Rail

☐

C. Highway

☐

D. Water

☐

E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐

A. First Notification

*

☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

R I D 0 9 5 9 7 6 5 4 4

FILE NO. _____

DONE BY: _____

DATE: _____

MAINTENANCE FORM

RCRA RECORDS CENTER

FACILITY OLIN HUNT SPECIALTY

I.D. NO. RID 095 976 544

FILE ICC. R-12

OTHER _____

FACILITY I.D. #: RID 095 976 544

CARD #:

CHANGE:

Nat'l.

Contact Therien A

CARD #:

CHANGE:

CARD #:

CHANGE:

CARD #:

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CARD #:

CHANGE:

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

Form Approved OMB No. 2050-0028 Expires 10-31-91
EPA No. 724-010-01Notification of
Regulated Waste
Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

LPG

RECEIVED

JAN 28 1991

U.S. DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AIR AND HAZARDOUS MATERIALS

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

R I D 0 9 5 9 7 6 5 4 4

II. Name of Installation (Include company and specific site name)

O L I N H U N T S P E C I A L T Y P R O D U C T S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

O N E W E L L I N G T O N R D

Street (continued)

IV. Installation Mailing Address (See instructions)

V. Installation Contact (Person to be contacted regarding waste activities at site)

VI. Installation Contact Address (See instructions)

VII. Ownership (See instructions)

RCRA RECORDS CENTER

FACILITY OLIN HUNT SPECIALTY

ID NO. RID095976544

FILE LOC. R-1A

OTHER

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028 Expires 10-31-91
GSA No. 0246-EPA-07

RECEIVED

JAN 28 1991

U.S. DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AIR AND HAZARDOUS MATERIALS

ID - For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
1. Generator (See Instructions) <input checked="" type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control		1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification <input type="checkbox"/>	

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D 0 2 6 D 0 3 9 D 0 2 5 D 0 2 4

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 4	5 U 2 2 9	6 U 0 5 2
7 U 0 1 2	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 R 0 0 1	2 R 0 0 3	3	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Alderic R. Therrien</i>	Name and Official Title (type or print) ALDERIC R. THERRIEN PLT-MGR	Date Signed 1-16-91
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



PLEASE PLACE LABEL IN THIS SPACE

0 60050
Information Request
(Section 3010 of D)

CONTINUE ON REVERSE

W	R	L	D	C	9	5	9	7	6	5	4	4	2	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 6 9	P 0 0 3	P 0 0 5	P 0 3 7	P 0 0 9	P 0 1 0
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
P 0 0 8	P 1 1 9	P 0 1 2	P 0 1 6	P 0 1 8	P 0 2 1
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
P 0 2 2	P 0 2 4	P 0 2 8	P 0 2 9	P 0 3 0	P 0 4 8
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Robert Matte, Chief Engineer

100959765492

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 6 8	P 0 6 4	P 0 7 3	P 0 7 4	P 0 7 7	P 1 0 0
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
P 1 0 1	P 1 2 0	P 1 2 1	U 0 3 1	U 1 1 2	U 2 0 1
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 2 1 9	U 2 2 1				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)☐ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☐ 4. TOXIC
(D005)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

I.D. - FOR OFFICIAL USE ONLY

W	R	I	D	0	9	5	9	7	1	5	4	4	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 0 8	U 1 2 2	U 1 2 3	U 1 3 3	U 1 4 7	U 1 5 4
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 1 5 9	U 1 6 1	U 1 6 2	U 1 8 2	U 1 8 8	U 1 9 6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 2 1 3	U 2 2 0	U 2 2 7	U 2 2 8	U 2 3 9	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



Report 8/16/80
RI D095976544

PHILIP A. HUNT CHEMICAL CORPORATION
ORGANIC CHEMICAL DIVISION

August 14, 1980

EPA-Region I
Permits Branch
P. O. Box 8748
Boston, MA 02114

Gentlemen:

We are contemplating whether or not to file the application for a permit to be a treatment facility. We believe that our facility comes under the definition of "totally enclosed treatment facility." According to the definition of "totally enclosed treatment facility" in 40 CFR 260.10, we may be excluded from the requirement to obtain a permit if we fall under the definition.

At our two Lincoln, Rhode Island plants, we are mixing waste solvents (e.g. xylene) with number six fuel oil and then using it as fuel to our boilers. We are also burning waste solvents neat. Chemically, the waste solvents consist of carbon, hydrogen, and oxygen, and after combustion there are no residues or hazardous waste remaining.

Please advise us as to what type of treatment facility we are. If we are not considered a totally enclosed treatment facility, what can we do to become one? If you have any questions, please call me.

Sincerely yours,

PHILIP A. HUNT CHEMICAL CORPORATION
ORGANIC CHEMICAL DIVISION

Stephen Pozner
Safety/Environmental Engineer

SP/mc

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

August 18, 1980

Mr. Stephen Pozner
Safety/Environmental Engineer
Philip A. Hunt Chemical Corp.
Organic Chemical Division
One Willington Road
Lincdon, RI 02865

Re: 8/14/80 inquiry

Dear Mr. Pozner:

If your waste solvents (xylene) possess sufficient BTU content to justify incinerating them for heat recovery, then, under Part 261.6, the actual incineration does not require a permit. However, they are subject to notification requirements and any storage must be permitted. You should note that the 90 day accumulation period allowed for generators pertains only to subsequent off-site shipment. Onsite accumulation for any time period for subsequent onsite heat recovery does require a storage permit.

Very truly yours,

Richard A. Cawagnero
Environmental Engineer

RAC/pjs

CONCURRENCES

101							
102	RAC						
103							

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> FR ID O 9 5 9 7 6 5 4 4 </div>
LABEL ITEMS <div style="border: 1px solid black; padding: 5px;"> I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION </div>		PLEASE PLACE LABEL IN THIS SPACE	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, it in the designated space. Review the information carefully; if any of it is incorrect, correct through it and enter the correct data in appropriate fill-in area below. Also, if any the preprinted data is absent (the area to left of the label space lists the information that should appear), please provide it in proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

III. NAME OF FACILITY	
1	SKIP PHILIP A. HUNT CHEMICAL CORPORATION

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title) 2 MATTE, ROBERT, CHIEF ENGINEER	B. PHONE (area code & no.) 401 333 6114

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX 3 1 WELLINGTON ROAD			
B. CITY OR TOWN 4 LINCOLN		C. STATE RI	D. ZIP CODE 02865

VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 1 WELLINGTON ROAD			
B. COUNTY NAME PROVIDENCE		C. CITY OR TOWN 6 LINCOLN	
D. STATE RI		E. ZIP CODE 02865	F. COUNTY CODE (if known)

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	2	8	6	9	(specify)	Photographic developers	E	7	2	8	6	9	(specify)	Polymers				
15	16	17	18	19			15	16	17	18	19								
C. THIRD										D. FOURTH									
C	7	2	8	6	9	(specify)	Couplers	C	7					(specify)					
15	16	17	18	19			15	16	17	18	19								

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?														
C	8	P	H	I	L	I	P	A	H	U	N	T	C	H	E	M	I	C	A	L	C	O	R	P	O	R	A	T	I	O	N	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 66												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30																													
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)														
F = FEDERAL M = PUBLIC (other than federal or state) P (specify) S = STATE O = OTHER (specify) P = PRIVATE																														C A 15														
E. STREET OR P.O. BOX																														18 - 19 20 - 21 22 - 23														
1 WELLINGTON ROAD																																												
F. CITY OR TOWN																														G. STATE					H. ZIP CODE					IX. INDIAN LAND				
B LINCOLN																														RI					02865					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52				
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 40 41 42 43 44 45 46 47 48 49 50 51																																												

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)															
C	9	N													C	9	P													
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27			
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)															
C	9	U													C	9													(specify)	Boiler permit
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27			
C. RCRA (Hazardous Wastes)															E. OTHER (specify)															
C	9	R													C	9													(specify)	Boiler permit
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

We manufacture fine organic chemicals used as intermediates at our other Hunt plants, and we also sell directly to private customers.

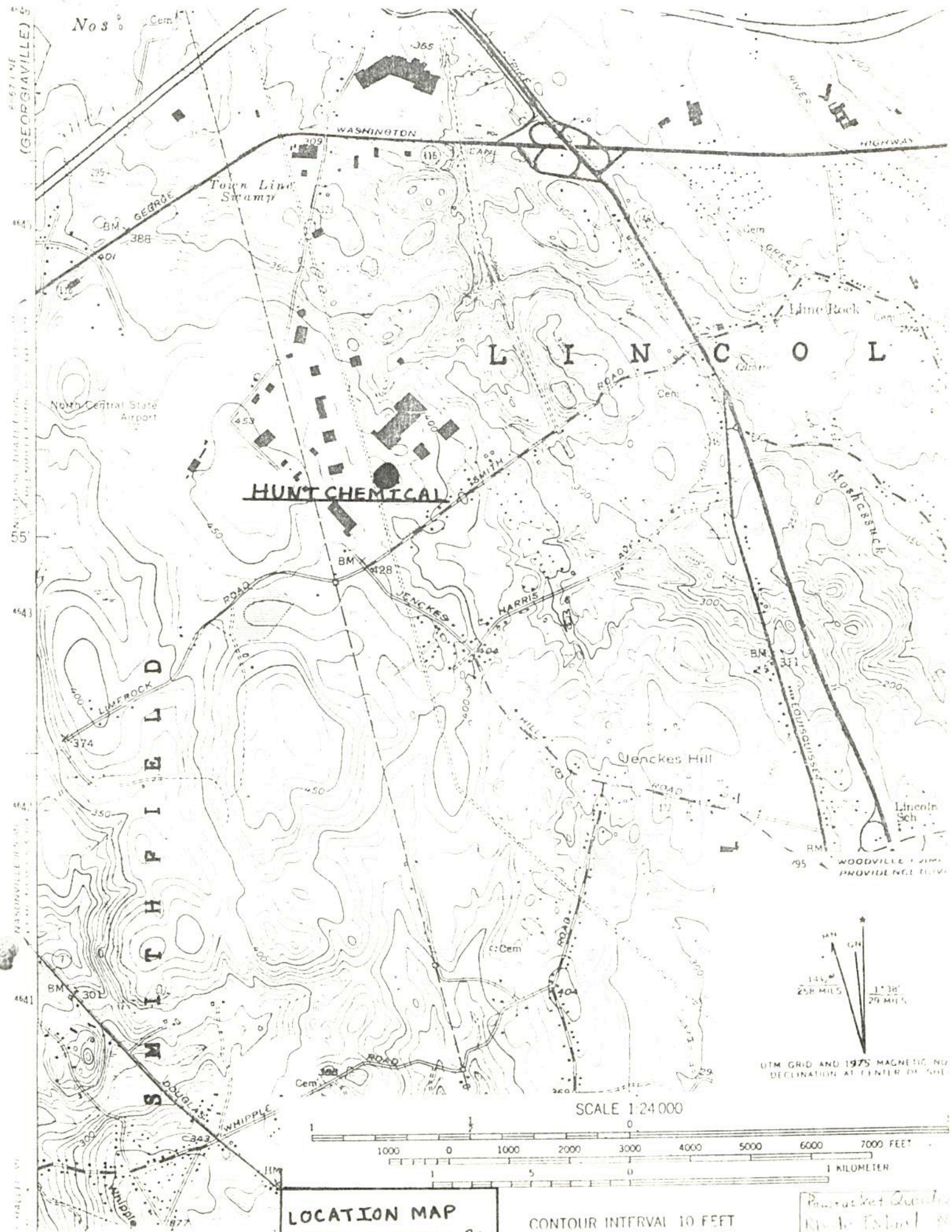
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Sheldon L. Green, V. P., Mfg.		

COMMENTS FOR OFFICIAL USE ONLY

C
C
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35



No 3

57 NE (GEORGIATOWN)

55

54

53

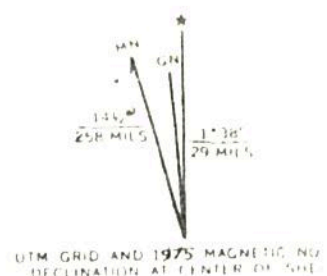
52

HUNT CHEMICAL

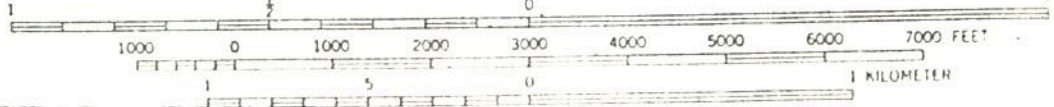
L I N C O L N

M I S S O U R I

WOODVILLE MISSOURI PROVIDENCE RIVER



SCALE 1:24,000



LOCATION MAP
HUNT CHEMICAL CO.

CONTOUR INTERVAL 10 FEET

Power Plant
River Estuary
Missouri River

CONTINUE ON REVERSE

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)												FOR OFFICIAL USE ONLY											
W R I D O 9 5 9 7 6 5 4 4 1												W DUP 2 DUP											
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																							
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																			
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
1	U 2 3 9	150,000 Xylene	P	S	0	1																	
2	D 0 0 1	150,000	P	S	0	1																	
3	D 0 0 0	25,000																					Included with above
4	P 0 5 3	0	P	S	0	1																	
5	P 0 5 4	0	P	S	0	1																	
6	P 1 0 5	0	P	S	0	1																	
7	P 1 0 6	0	P	S	0	1																	
8	U 0 0 2	0	P	S	0	1																	
9	U 0 0 3	0	P	S	0	1																	
10	U 0 0 6	0	P	S	0	1																	
11	U 0 1 2	0	P	S	0	1																	
12	U 0 1 9	0	P	S	0	1																	
13	U 0 2 0	0	P	S	0	1																	
14	U 0 2 3	0	P	S	0	1																	
15	U 0 3 7	0	P	S	0	1																	
16	U 0 4 4	0	P	S	0	1																	
17	U 0 5 2	0	P	S	0	1																	
18	U 0 5 7	0	P	S	0	1																	
19	U 0 7 0	0	P	S	0	1																	
20	U 0 7 7	0	P	S	0	1																	
21	U 0 8 0	0	P	S	0	1																	
22	U 1 0 8	0	P	S	0	1																	
23	U 1 2 2	0	P	S	0	1																	
24	U 1 2 3	0	P	S	0	1																	
25	U 1 3 3	0	P	S	0	1																	
26	U 1 4 7	0	P	S	0	1																	

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W R I D O 9 5 9 7 6 5 4 4 1													W DUP 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
27	U 1 6 2	0	P	S	0	1																			
28	U 1 8 2	0	P	S	0	1																			
29	U 1 8 8	0	P	S	0	1																			
30	U 1 9 6	0	P	S	0	1																			
31	U 2 1 3	0	P	S	0	1																			
32	U 2 2 0	0	P	S	0	1																			
33	U 2 2 7	0	P	S	0	1																			
34	U 2 2 8	0	P	S	0	1																			
35	P 0 6 9	0	P	S	0	1																			
36	P 0 0 3	0	P	S	0	1																			
37	P 0 0 5	0	P	S	0	1																			
38	P 0 3 7	0	P	S	0	1																			
39	P 0 0 9	0	P	S	0	1																			
40	P 0 1 0	0	P	S	0	1																			
41	P 0 0 8	0	P	S	0	1																			
42	P 1 1 9	0	P	S	0	1																			
43	P 0 1 2	0	P	S	0	1																			
44	P 0 1 6	0	P	S	0	1																			
45	P 0 1 8	0	P	S	0	1																			
46	P 0 2 1	0	P	S	0	1																			
47	P 0 2 2	0	P	S	0	1																			
48	P 0 2 4	0	P	S	0	1																			
49	P 0 2 8	0	P	S	0	1																			
50	P 0 2 9	0	P	S	0	1																			
51	P 0 3 0	0	P	S	0	1																			
52	P 0 4 8	0	P	S	0	1																			

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
W	R	I	D	0	9	5	9	7	6	5	4	4														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
EPA WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES																			
	23	24	25	26			1. PROCESS CODES (enter)																			
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
53	P	0	6	8	0									P	S	0	1									
54	P	0	6	4	0									P	S	0	1									
55	P	0	7	3	0									P	S	0	1									
56	P	0	7	4	0									P	S	0	1									
57	P	0	7	7	0									P	S	0	1									
58	P	1	0	0	0									P	S	0	1									
59	P	1	0	1	0									P	S	0	1									
60	P	1	2	0	0									P	S	0	1									
61	P	1	2	1	0									P	S	0	1									
62	P	0	3	1	0									P	S	0	1									
63	U	1	1	2	0									P	S	0	1									
64	U	2	0	1	0									P	S	0	1									
65	U	2	1	9	0									P	S	0	1									
66	U	2	2	1	0									P	S	0	1									
67	F	0	0	1	0									P	S	0	1									
68	F	0	0	2	0									P	S	0	1									
69	F	0	0	3	0									P	S	0	1									
70	F	0	0	5	0									P	S	0	1									
71	D	0	0	2	0									P	S	0	1									
72	D	0	0	3	0									P	S	0	1									
73	U	1	5	4	0									P	S	0	1									
74	U	1	5	9	0									P	S	0	1									
75	U	1	6	1	0									P	S	0	1									
76																										
77																										
78																										

IV. DESCRIPTION OF HAZARDOUS WASTE (Continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	R	I	D	O	9	5	9	7	6	5	4	4	T/A/C	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	1	5	5	0	1	2
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

0	7	1	2	8	0	0	4
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E
13	14

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F
13	14

C	G
13	14

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Sheldon L. Green
Vice President, Manufacturing

B. SIGNATURE

C. DATE SIGNED

1/23/81

X. OPERATOR CERTIFICATION

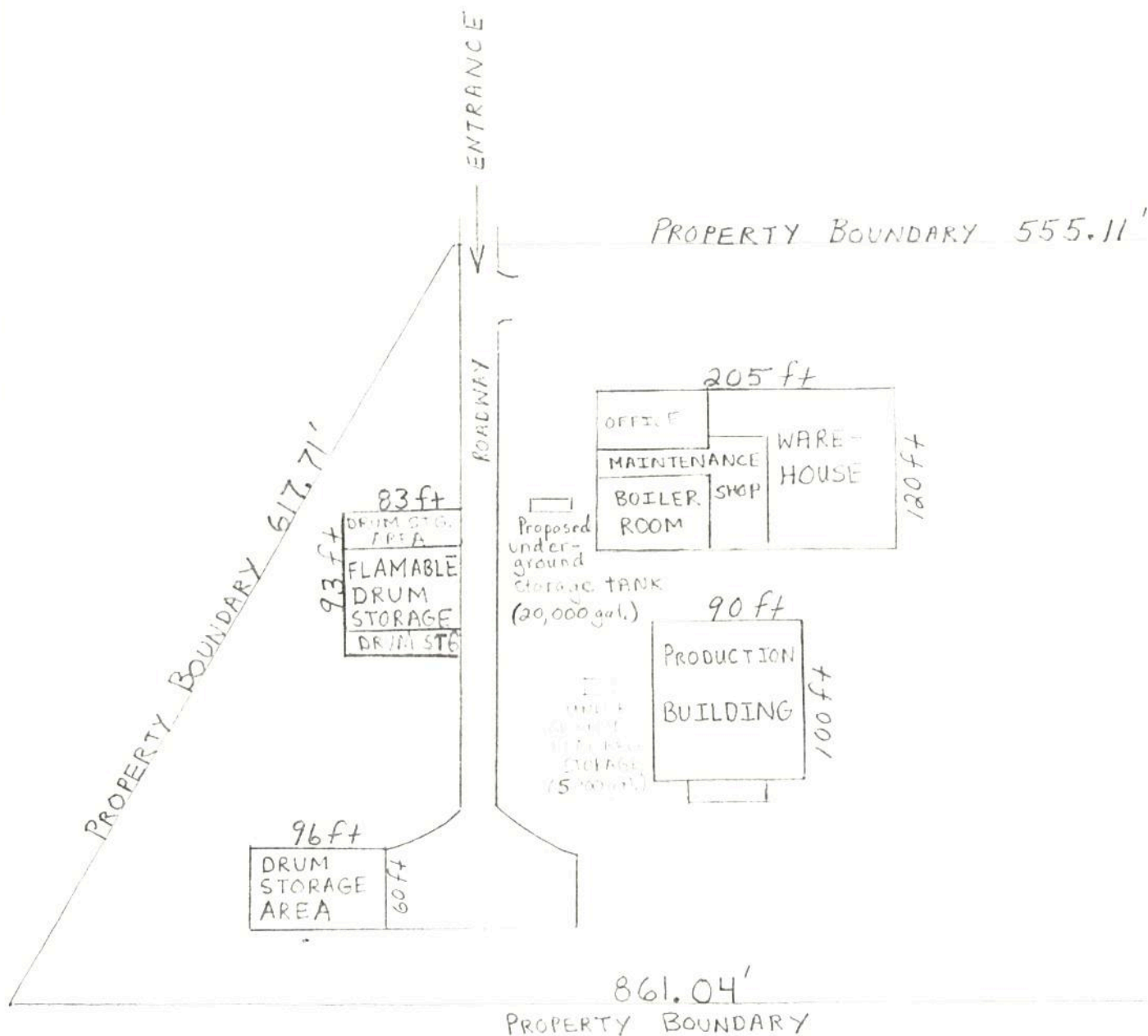
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)



SCALE 1 inch = 110 ft

RID095976549



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
75 Davis Street
Providence, R. I. 02908

RCRA RECORDS CENTER
FACILITY OLIN HUNT SPECIAL
I.D. NO. RID095976549
FILE LOC. 1A
OTHER NPA

9 April 1984

Mr. Frank Battaglia
Permits Branch
Environmental Protection Agency
John F. Kennedy Federal Building
Boston, MA 02203

Dear Frank:

I recently had correspondence with Philip A. Hunt Chemical Corporation.

They indicated that some changes should be made to the HWDMS for their three companies in Rhode Island.

Please make the changes indicated on the enclosed sheet.

Sincerely,

Stephen Majkut,
Senior Engineer
Division of Air & Hazardous
Materials

S.M.

jad

enc.



PHILIP A. HUNT CHEMICAL CORPORATION
ORGANIC CHEMICAL DIVISION

May 29, 1984

R. I. Department of Environmental Management
Room 204 - Cannon Building
75 Davis Street
Providence, RI 02905

RECEIVED

MAY 31 1984

R. I. DEPT. OF ENVIRONMENTAL MANAGEMENT
Division of Air & Hazardous Materials

Att: Steve Majkut

Dear Sir:

Per our recent telephone conversation regarding the current status of Philip A. Hunt Chemical's hazardous waste management program, may this letter serve to clarify our current operations.

The following list indicates the correct address, EPA ID number and activities occurring at each facility:

<u>Address</u>	<u>EPA ID No.</u>	<u>Generator</u>	<u>Transporter</u>
200 Massasoit Avenue East Providence, RI 02914	RI D075728030	X	
1 Industrial Circle Lincoln, RI 02865	RI D001202589	X	
1 Wellington Road Lincoln, RI 02865	RI D095976544	X	X

Please do not hesitate to call if you require any further information regarding Hunt's hazardous waste management program.

Sincerely,

Alan R. Brodd, P.E.
Environmental/Safety Engineer

ARB/mlc

EPA IDENTIFICATION

ID NUMBER

RID095971544

INITIALS _____

DATE _____

ACTION TAKEN:DELETED TSD ☒ADDED GENERATOR ☐COMMENT ADDED:2 TREAT IN TANKS (PERMIT BY RULE) ☐ 23 POTW (PERMIT BY RULE) ☐ 34 LESS THAN 90 DAY STORAGE ☒ 45 A. NON-REGULATED WASTE ☐ 5B. GENERATOR ONLY ☐6 TOTALLY ENCLOSED SYSTEM ☐ 67 3007 LETTER RESPONSE ☐ 78 NON-REGULATED (TRANSPORTER ONLY) ☐ 89 OTHER ☐ 9

EPA RECORDS CENTER

FACILITY OLIN HUNT SPECIALTY

ID NO. RID 095971544

FAC. LOC. R-1A

OTHER _____

EPA ID Number _____

Date _____

Action:

Initials _____

Deleted Permit Date (Non-Regulated) ☒Deleted RCRA Permit Status Code (1) ☒

added
T-S-D
on 1/28
as per C. KING

~~not listed as TSD~~
✓ Brk OATSD.
BAC210131

C

added
8/14/81
not
no photos

FOIA RECORDS CENTER
PROPERTY CLIN HUNT SPECIALTY
NO. R10 095976544
FISC. R-1A
OTHER

1 Wellington Rd.
Winchester

RTTHP H. TWIN Chemical Co.



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F	R	I	D	0	9	5	9	7	6	5	4	3	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 - 20

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY
87	12	01

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
73	74	77

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-Feet	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.									
DUP									
1 2 3 4 5 6 7 8 9 10									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)				1. AMOUNT	2. UNIT OF MEAS- URE (enter code)	
1	S 0 1	20 000 000	G		5				
2	S 0 2	25 000 000	G		6				
3					7				
4					8				
					9				
					10				

EPA Form 3510-3 (6-80)

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

FRID09597654436

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

41 55 01.2

LONGITUDE (degrees, minutes, & seconds)

071 28 00.4

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Sheldon L. Green
Vice President, Manufacturing

B. SIGNATURE

Sheldon L. Green

C. DATE SIGNED

1/23/81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION I

J.F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

Philip A. Hunt Chem Corp.
1 Wellington Rd.
Lincoln, RI

Re: RID 095976544

Dear Hazardous Waste Permit Applicant:

The Environmental Protection Agency (EPA) has received an application for a Federal hazardous waste permit for the facility referenced above by its EPA identification number. The Agency has reviewed the application and found that the information items marked below are missing. These items must be completed and the application returned to this office ~~by~~ within 30 days in order for the Agency to determine whether the owner or operator of the facility qualifies for interim status.

Because we received a large number of permit applications, we were able to conduct only a preliminary review of this application and will conduct a more detailed review at a later date. If we find additional items are missing we will contact you again at that time.

THE FOLLOWING MISSING ITEMS MUST BE COMPLETED:

- ☐ Form 1 Item XIIIIB Signature
- ☐ Form 3 Item IIAI Date Operation Began or
Construction Commenced
- ☒ Form 3 Item IXB Owner's Signature

RCRA RECORDS CENTER
FACILITY OLIAI HUNT SP20
I.D. NO. RID 095976544
FILE LOC. R-1A
OTHER Int. Status Receipt

Received: 1/15/81

FORM 1 GENERAL	 ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> FRID095976544 </div>	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
PLEASE PLACE LABEL IN THIS SPACE			

II. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS	YES	NO	MARK 'X' FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. NAME OF FACILITY			
1	SKIP	PHILIP A. HUNT CHEMICAL CORPORATION	
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	MATTE ROBERT CHIEF ENGINEER	401	333 6114
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3	1 WELLINGTON ROAD		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	LINCOLN	RI	02865
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	1 WELLINGTON ROAD		
B. COUNTY NAME		C. CITY OR TOWN	
PROVIDENCE		LINCOLN	
D. STATE		E. ZIP CODE	F. COUNTY CODE (if known)
RI		02865	

RCRA RECORDS CENTER
 FACILITY OLIN HUNT SPEC
 ID. NO. RID095976544
 FILE LOC. R-1A
 OTHER

CONTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND										
2	8	6	9	(specify)	Photographic developers					7	2	8	6	9	(specify)	Polymers				
C. THIRD										D. FOURTH										
2	8	6	9	(specify)	Couplers					7					(specify)					

II. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?				
PHILIP A HUNT CHEMICAL CORPORATION															<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)				
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE															P (specify) C A				
E. STREET OR P.O. BOX															F. CITY OR TOWN				
WELLINGTON ROAD															LINCOLN				
G. STATE															H. ZIP CODE				
RI															02865				
IX. INDIAN LAND															Is the facility located on Indian lands?				
															<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
U										2 5 6 Boiler permit									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
R										2 5 5 Boiler permit									

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

III. NATURE OF BUSINESS (provide a brief description)

We manufacture fine organic chemicals used as intermediates at our other Hunt plants, and we also sell directly to private customers.

IV. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Sheldon L. Green, V. P., Mfg.										Sheldon L. Green										10/17/80									

COMMENTS FOR OFFICIAL USE ONLY

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U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

000050

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COMMENTS

INSTALLATION'S EPA I.D. NUMBER										APPROVED										DATE RECEIVED (yr., mo., & day)									
R I D 0 9 5 9 7 6 5 4 4 3 1																				8 0 0 8 0 4									

Aug 4 10 43 AM '80

I. NAME OF INSTALLATION

P H I L I P A H U N T C H E M I C A L C O R P O R A T I O N

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 1 W E L L I N G T O N R O A D

CITY OR TOWN

4 L I N C O L N

ST. ZIP CODE
R I 0 2 8 6 5

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 1 W E L L I N G T O N R O A D

CITY OR TOWN

6 L I N C O L N

ST. ZIP CODE
R I 0 2 8 6 5

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 P O Z N E R S T E V E E N V I R O N M E N T A L E G R

PHONE NO. (area code & no.)

4 0 1 - 3 3 3 - 6 1 1 4

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 T U R N E R & N E W E L L

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☒ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☒ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

R I D 0 9 5 9 7 6 5 4 4

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

3	W	R	I	D	0	9	5	9	7	6	5	4	4	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 6 9	P 0 0 3	P 0 0 5	P 0 3 7	P 0 0 9	P 0 1 0
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
P 0 0 8	P 1 1 9	P 0 1 2	P 0 1 6	P 0 1 8	P 0 2 1
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
P 0 2 2	P 0 2 4	P 0 2 8	P 0 2 9	P 0 3 0	P 0 4 8
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Robert Matte, Chief Engineer

7-31-80



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

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COMMENTS

15 16																			
INSTALLATION'S EPA I.D. NUMBER										APPROVED					DATE RECEIVED (yr., mo., & day)				
RID095976544															800711				

JUL 11 3 03 PM '80

I. NAME OF INSTALLATION

P	H	I	L	I	P	A	H	U	N	T	C	H	E	M	I	C	A	L	C	O	R	P	O	R	A	T	I	O	N
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX																								
31 WELLINGTON ROAD																								
CITY OR TOWN																				ST.		ZIP CODE		
LINCOLN																				RI		02865		

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER																								
51 WELLINGTON ROAD																								
CITY OR TOWN																				ST.		ZIP CODE		
LINCOLN																				RI		02865		

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)									
2 POZNER STEVE ENVIRONMENTAL EGR															401-333-6114									

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER																								
8 TURNER NEWELL																								

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)										VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))														
F = FEDERAL M = NON-FEDERAL										<input checked="" type="checkbox"/> A. GENERATION <input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII) <input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. UNDERGROUND INJECTION														

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input checked="" type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
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VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)
---	---

C. INSTALLATION'S EPA I.D. NO.
RID095976544

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. - FOR OFFICIAL USE ONLY

9	WR	I	D	0	9	5	9	7	6	5	4	7	8	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 5 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 5 3 23 - 26	32 P 0 5 4 23 - 26	33 P 1 0 5 23 - 26	34 P 1 0 6 23 - 26	35 U 0 0 2 23 - 26	36 U 0 0 3 23 - 26
37 U 0 0 6 23 - 26	38 U 0 1 2 23 - 26	39 U 0 1 9 23 - 26	40 U 0 2 0 23 - 26	41 U 0 2 3 23 - 26	42 U 0 3 7 23 - 26
43 U 0 4 4 23 - 26	44 U 0 5 2 23 - 26	45 U 0 5 7 23 - 26	46 U 0 7 0 23 - 26	47 U 0 7 7 23 - 26	48 U 0 8 0 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Robert Matte

Robert Matte, Chief Engineer

7-8-80

I.D. - FOR OFFICIAL USE ONLY

8	9	10	11	12	13	14	15
W	R	I	D	0	9	5	9
7	6	5	4	4	2	1	

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 0 8	U 1 2 2	U 1 2 3	U 1 3 3	U 1 4 7	U 1 5 4
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 1 5 9	U 1 6 1	U 1 6 2	U 1 8 2	U 1 8 8	U 1 9 6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 2 1 3	U 2 2 0	U 2 2 7	U 2 2 8	U 2 3 9	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☐ 1. IGNITABLE
(D001)☐ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☐ 4. TOXIC
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Please keep this
Waste only

I.D. - FOR OFFICIAL USE ONLY

W 1095976544 21

DETACH A

DETACH A

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 6 8	P 0 6 4	P 0 7 3	P 0 7 4	P 0 7 7	P 1 0 0
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
P 1 0 1	P 1 2 0	P 1 2 1	U 0 3 1	U 1 1 2	U 2 0 1
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U 2 1 9	U 2 2 1				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED